

centre lines

A bi-monthly newsletter published alternately by the National Drug Research Institute (NDRI), Perth and the National Drug and Alcohol Research Centre (NDARC), Sydney

NDRI (21)

April 2007

issuing forth Addressing Indigenous Australian substance misuse and related harms



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edspace

Welcome to the first edition of *CentreLines* from the National Drug Research Institute in 2007. This issue focuses on the prevention of substance abuse among Indigenous Australians, and in particular the research that has been, is being, or needs to be, conducted in this area.

We are very pleased that *Headspace* in this issue has been contributed by Associate Professor Ted Wilkes, who joined NDRI in late 2006. Ted is an Indigenous Elder who has worked in the alcohol and drug field for many years, and is chairman of the National Indigenous Drug and Alcohol Committee. In *Headspace*, Ted discusses the need for ongoing, contemporary Indigenous research to help address the impact that alcohol, tobacco and other drugs are having on Indigenous Australians.

This year, NDRI's Indigenous research program is 15 years old, and in *Issuing Forth*, Professor Dennis Gray takes the opportunity to review the research program, acknowledge the various people who have contributed to the program's success, and highlight some of the Indigenous research team's ongoing activities.

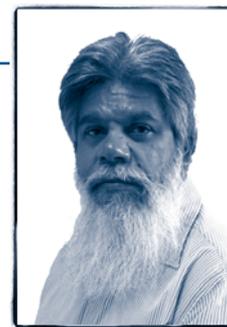
In February, NDRI released the National Alcohol Indicators Project (NAIP) Bulletin 11 which showed that, on average, alcohol-attributable injury or disease causes the death of one Indigenous Australian every 38 hours. 'Indigenous NAIP' is one of several studies described in Project Notes.

I hope you enjoy this issue of *CentreLines*. For further information about NDRI's activities, I invite you to visit our website at www.ndri.curtin.edu.au.

Rachael Lobo
Editor

headspace

Drug research: What's in it for Indigenous Australians?



Alcohol and other drugs are misused by some Indigenous Australians to such an extent that personal health is diminished considerably and in many instances the impact on family, friends and the Indigenous community creates trauma and adversity that inevitably burdens the whole community.

Indigenous elders are aware that drug misuse is also impacting on culture. The lure of Indigenous men and women from rural and remote parts of Australia to towns and places where alcohol and drugs are easy to access is most disconcerting. These people might be called transients but in many cases end up living more or less permanently as 'fringe dwellers' or 'on the margins'. Regardless, in the affluent country that Australia is, this is totally unacceptable. Similarly in large towns and cities the attraction of Indigenous youth and others to city nightlife means exposure to alcohol and drugs.

Not only does alcohol and other drug misuse impact on the social fabric of our community but acquiring funding and resources to deliver appropriate intervention, prevention and treatment services is an ongoing challenge.

And alcohol and drug misuse is not a misery that only belongs to Indigenous Australians. In fact, many non-Indigenous Australians hide from the fact that alcohol and tobacco are life-threatening drugs. It belongs to us all.

Indigenous alcohol and other drug misuse is part of a complex matrix that includes ill-health and poverty. We need to address this, but there are many questions that need to be answered. For example, even though the proportion of Indigenous Australians who consume alcohol is lower than that among other Australians, the impact of binge drinking is of major concern. Are other drugs also being consumed in a binge manner, and if so what are the consequences? What are the most appropriate interventions? How can we best address the social determinants of Indigenous poverty and substance misuse?

These and many other questions can only be answered properly with ongoing contemporary research. Drug research offers Indigenous Australians two positive outcomes. Firstly, it offers the chance for Indigenous Australians to be kept updated on the impact that alcohol and drugs are having. Secondly, it gives Indigenous Australians information that can be used to inform governments about what is needed.

Information is required that can better inform governments and communities of how to win the fight against the horrific impact that alcohol and drug misuse is having on the world of Indigenous Australians. The response to poverty and patterns of alcohol and drug use changes in contemporary situations so it is imperative that reliable information is forthcoming on an ongoing basis to enable policy makers and service deliverers to also adapt their efforts. Unfortunately, there never seems to be enough funding or resources to do this properly.

Non-Indigenous people cannot hope to find the magic stick that will get rid of Indigenous poverty and substance misuse. Indigenous Australians have long emphasised the fact that Indigenous control and ownership of relevant systems is integral to finding a future that is free of poverty. We must encourage partnership building that will allow for this: if you own something you are more likely to look after and nurture it.

Key Result Area 6 of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* identified the need to develop sustainable research partnerships:

In line with accepted principles of the importance of self-determination and community control, there is a need for a much higher commitment to Aboriginal and Torres Strait Islander ownership at all levels of the processes that lead to the development of research agendas and the determination of culturally appropriate methodologies ¹(p.35).

Clearly the employment of Indigenous Australians is integral to positive future outcomes. Partnerships must be consistent in the desire to offer sustainable employment to Indigenous Australians. This in itself is a positive. Key Result Area 5 of the *Complementary Action Plan* identified the need to develop appropriate workforce initiatives:

Increasing the Aboriginal and Torres Strait Islander health workforce is a critical part of the capacity building necessary for creating healthy communities ¹(p. 29).

In order to develop and sustain workforce initiatives we must ensure that reliable and contemporary information is available.

It is important for Australia as a nation that we diminish the traumatic impact that alcohol, tobacco and other drugs are having on Indigenous Australians. We must research and find the relevant information. Unfortunately much of this legacy has been left to this generation to fix, but we must fix it, otherwise it will surely be too late.

Ted Wilkes

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issuing forth

Addressing Indigenous Australian substance misuse and related harms: Indigenous research at NDRI



This year, NDRI's Indigenous research program is 15 years old and has recently received a significant boost, with an increase in resources and staffing. Last year, in recognition of its achievements, the program research team received both a National Alcohol and Drug Award for 'Excellence in Research' and a Curtin University of Technology Vice-Chancellor's Award for Excellence. It is thus an opportune time to review where we have come from, to acknowledge the various people who have contributed to the program's success, and to highlight some of our ongoing activities.

A brief history

The National Campaign Against Drug Abuse (NCADA – now the National Drug Strategy) was established in 1985. Six years later, the *Report of the Royal Commission into Aboriginal Deaths in Custody* identified alcohol and other drug use as a major underlying issue; highlighted the paucity of quality research on which to base policy and practice; and lamented the fact that an expected increase in intervention services arising from NCADA had not eventuated.

Among many other things, the Commission specifically recommended:

*... that appropriate steps be taken by the NCADA national research centres at the University of New South Wales, Curtin University and the Flinders University of South Australia to establish research mechanisms to encourage new graduates, researchers from other fields and Aboriginal people to conduct research in this area and identify research priorities and methods to implement them.*¹(p 331)

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In response to this, Professor David Hawks – then Director of the National Centre for Research into the Prevention of Drug Abuse (as NDRI was then known) – took the first steps to establish an Indigenous research program by re-allocating resources from the Centre's core grant to create two positions in the area. These positions were taken up by myself and Mary Drandich, an Indigenous Australian with a social work background who had previously worked for Noongar Alcohol and Substance Abuse Service (now Aboriginal Alcohol and Drug Service).

At the outset, we determined that the program should be based on the following principles – principles which have continued to guide our activities:

- Indigenous people should make the decisions about what research is to be conducted in their communities;
- research should be practically oriented;
- Indigenous people should be involved at all stages of the research process;
- the research process should include training of Indigenous people; and,
- research should be directed towards providing Indigenous people with information that empowers them in their quest for self-determination and the provision of appropriate services.

In establishing the priorities for the new research program, we took as our starting point the recommendations of the Royal Commission and supplemented these with consultations with key stakeholders from various Indigenous community-controlled organisations. Over the years we have also received important advice, first from Scott Wilson, and then Coralie Ober – Indigenous members of NDRI's Board of Management. Although there has been some variation in the wording of priority statements from time to time, they align with the three key result areas for the National Drug Research Institute as a whole, which are to:

- conduct high quality research that will contribute to the primary prevention of harmful drug use and the reduction of drug related harms;
- contribute to the building of national research capacity; and,
- disseminate research findings to a range of key stakeholders.

Some of our activities in these areas are highlighted in following sections.

After about 12 months, Mary Drandich moved on to a more senior position in an Indigenous community-controlled organisation and since that time occupants of the position have included Dawn Wallam (who went on to become CEO of Yorgunup Childcare Aboriginal Corporation) and Brooke Sputoré, who made a significant contribution to the research program over several years.

The program received a boost in 1998 when – following a review of NDRI – the Commonwealth Department of Health and Aged Care (now Health and Ageing) amended the Institute's core funding agreement to include an extra \$100,000 per year to support Indigenous research activities. This enabled us to fund an additional position for an Indigenous person – occupied by Anna Stearne – and to undertake a number of developmental initiatives.

A significant proportion of the financial support for

the program has come from specific project grants and this has enabled us to fund additional positions, of varying duration, for both Indigenous and non-Indigenous staff members. Included among the former have been Kath Ryan, Lynnette Coyne, Kimberley Baird, Leah Councillor, Tuguy Esgin, Nathan Barrow, and Donna Campbell. As well as Brooke Sputoré, other non-Indigenous research staff members have included Deidre Bourbon and Phillipa Strempel.

The appointment of Professor Steve Allsop as Director of NDRI in 2005 provided a further boost to the Indigenous research program. As Director, Steve has actively worked to heighten the profile of the program, has sought additional resources to strengthen our activities, and is participating in a major new project in the area. His collaboration has led to the appointment this year of two additional Indigenous staff members who have extensive experience in the area – Associate Professor Ted Wilkes and Ms Violet Bacon.

Collaboration

Over the past 15 years, we have conducted over 30 research projects in collaboration with approximately the same number of Indigenous community-controlled organisations. Among these organisations are Tangentyere Council and Julalikari Council in the Northern Territory, the Aboriginal Drug and Alcohol Council in South Australia, and Albany Aboriginal Corporation, Kununurra-Waringarri Aboriginal Corporation and Aboriginal Alcohol and Drug Service in Western Australia.

Although a number of people have worked in the program over the years, at any one time the total number of staff members has been small. Given this, a key element in our output and success has been effective collaborative partnerships with other researchers. Foremost among these researchers has been Professor Sherry Saggars, Director of the Centre for Social Research at Edith Cowan, who holds an adjunct appointment with the Institute. Others include Dr David Atkinson from the University of Western Australia, Associate Professors Peter d'Abbs and Alan Clough now at James Cook University, Gill Shaw from Bowchung Health and Anthropological Services and Anne Mosey. As well as working with external research partners, we have also collaborated across program areas within NDRI and have enjoyed productive relationships with people such as Tanya Chikritzhis and Richard Pascal (resulting in the production of the first National Alcohol Indicators Bulletin dealing specifically with Indigenous issues²) and Wendy Loxley (on injecting drug use research³).

Research

As indicated above, we have conducted over 30 primary and secondary research projects, utilising both qualitative and quantitative research methods. Projects have included: local level needs assessments and evaluations of intervention strategies; local and regional studies of the prevalence of substance use and associated factors; and reviews of the literature on various aspects of Indigenous substance misuse. An important theme running through much of this work has been a concern with the political and economic factors underlying Indigenous ill-health and substance misuse – the structural determinants.^{4,5,6} Among the most important projects have been:

- a comparative study of alcohol use among Indigenous peoples in Australia, New Zealand and Canada;⁴

- an evaluation of the Tennant Creek liquor licensing restrictions;⁷
- mapping the distribution of, and allocation of resources to, Indigenous substance misuse interventions;⁸
- a review of Indigenous substance misuse and primary health care;⁹
- the identification of elements of 'best practice' in Indigenous substance misuse interventions;¹⁰ and
- a study of the policing implications of volatile substance misuse.¹¹

Capacity building

Capacity building has been an integral part of the Indigenous research program. Fiona Nichols completed a PhD¹² and Brooke Sputoré a Master of Public Health degree¹³ as part of the program, and Jane Ulrik is currently undertaking PhD research into the role of alcohol in loss and grief in the Alice Springs town camps. As well as higher degree training, we have created opportunities for both Indigenous and non-Indigenous staff members to undertake further study, and 'on-the-job' mentoring and training has also been provided. As part of this, Ed Garrison – who has a background in education and considerable experience working with Indigenous people – has been employed part-time specifically to provide academic support to Indigenous team members.

Beyond the Institute, we are collaborating in a five-year National Health and Medical Research Council funded project which aims to:

... develop a critical mass of Indigenous researchers undertaking high quality research into population health research priorities determined by Aboriginal and Torres Strait Islander people and to link research findings into policy and practice.¹⁴

Most research capacity building activities aim to build the capacity of individuals, or university-based units, to undertake research. However, two of our most exciting activities centre on building the capacity of Indigenous community-controlled organisations to conduct their own research. The first of these is a project funded by the Alcohol Education and Rehabilitation Foundation which provides support and training for an Indigenous research intern within Aboriginal Alcohol and Drug Service (AADS) in Perth. The position is occupied by Robyn Davis and the objective is to enable her, at the end of the project, to independently undertake basic research activities such as needs assessments and program evaluations on behalf of AADS.

The second of these activities has been the provision of training and support to Tangentyere Council in Alice Springs in the establishment of its own research unit – the 'Tangentyere Research Hub'. This support is provided under a memorandum of understanding between Tangentyere Council, NDRI, the Centre for Social Research (Edith Cowan University) and the Centre for Remote Health (Charles Darwin and Flinders Universities). The Hub is staffed by local Indigenous people who, among other projects, have conducted a study of the attitudes of Alice Springs town camp residents to liquor licensing restrictions and a study of mobility between remote communities and Alice Springs town camps.^{15,16} They also trialled questions and conducted interviews for the 2006 Census of Population and Housing for the Australian Bureau of Statistics.

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Dissemination

A major consideration in our program has been to ensure that the research undertaken has the greatest possible practical impact. It is generally beyond the capacity of researchers themselves to do this directly. However, it can be achieved indirectly by disseminating research findings as widely as possible to key stakeholders including: policy makers, practitioners, community interest groups, the general public and other researchers.

In this regard, the commissioned research which comprises a large proportion of the team's activities is particularly important. Research findings are more likely to be acted upon if projects are commissioned – whether by local Indigenous community organisations or large government agencies. Hence the predominance of such reports in our publication list (db.ndri.curtin.edu.au/publications.asp?areaid=2). While we have emphasised this type of publication, we have not ignored traditional academic publishing and some of our journal articles and book chapters have been widely cited and/or used by others in intervention development and teaching.^{4, 6, 17, 18} In addition to this, the Office of Aboriginal and Torres Strait Islander Health funded the production of an edited volume which contained copies of key journal articles and book chapters written by team members.¹⁹ This was distributed free of charge nationally, including to all Indigenous community-controlled health and substance misuse services.

As an organisation, NDRI has long recognised that most of the stakeholders we are trying to reach are more likely to be accessible through the print and electronic media than they are through either journal articles or technical reports. For this reason, the Institute has created a full-time Communications Officer position, from which the program has benefited considerably. In the past ten years, there have been well over 100 reports in newspapers and on radio and television of the team's research.

Outcomes

Our research has been widely cited in key policy documents and reports,^{20, 21} and we have achieved demonstrable practical impacts at the local/regional, state/territory and national levels. These impacts include improved service delivery, greater community control over the availability of alcohol, and increased resource allocations. The most recent independent review of NDRI stated:

*Its [NDRI's] leadership role, particularly in relation to research on alcohol, research with and for Aboriginal and Torres Strait Islander communities, and ... cannabis, is widely acknowledged and highly valued (p.10)*²²

and

*... there are now many examples of NDRI's work having resulted in structural changes and policy interventions in specific Aboriginal communities (p. 70)*²²

The future

In retrospect, NDRI's Indigenous research program has had an impact well beyond that which might have been predicted from its limited resources and staff numbers. We are not, however, resting on our laurels and have commenced or, are about to commence, some exciting new activities. In January this year, with funding support from the Australian Government Department of Health and Ageing, we commenced the first stage of a three stage program under which we will sub-contract up to six projects aimed at enhancing the management of alcohol

problems among Indigenous people. We have also been contracted by the Queensland Aboriginal and Islander Health Council to conduct a review of the Indigenous community-controlled alcohol and other drugs sector in Queensland – a project that commenced in March. Additionally, as this piece was being written, we were advised by the National Indigenous Drug and Alcohol Committee that we had been awarded a contract to review current alcohol and other drug services for Indigenous Australians, including their funding levels and appropriateness, and to identify and assess unmet needs.

Our ability, as a team, to continue to attract important, practically-oriented research projects, the expansion of our staffing base (particularly Indigenous staffing), the further development of collaborative links within and beyond NDRI, the commitment to the program within NDRI as an organisation, and the recognition we have achieved among key stakeholders all bode well for the future. On this basis, we hope to continue making a significant contribution to the improvement of Indigenous Australian health and well-being.

Dennis Gray

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project notes

Improving understanding of psychostimulant-related harms in Australia: An integrated ethno-epidemiological approach

David Moore, Paul Dietze, Lisa Maher, Gabriele Bammer and Michael Clatts

The aims of this NHMRC-funded project are to:

1. Determine the cultural meanings and social contexts of psychostimulant use in three social networks of young people: (i) street-based injectors (Sydney); (ii) club drug users (Melbourne); and (iii) home-based recreational drug users (Perth).
2. Investigate the epidemiology of psychostimulant use and related harms in these social networks.
3. Integrate social, cultural and epidemiological data in order to identify the dynamics of the three drug markets in which network members participate and how these dynamics affect specific harms associated with psychostimulant use (eg, risk of blood-borne virus transmission, violence).
4. Recommend possible interventions for the prevention of psychostimulant-related harms based on improved understanding of the interaction of market dynamics and social networks.

Following a complex process of ethics approval from three institutions, the early stages of the research involved the recruitment of project staff (4 PhD students and two ANU integration researchers) and the development of the conceptual and methodological frameworks for the study.

Ethnographic field research began in December 2005 in Sydney and January 2006 in Perth and Melbourne. Across the three sites, almost 250 young psychostimulant users are participating in the ethnographic data collection and approximately 1,300 pages of observational field notes have been recorded. The first phase of ethnographic data collection ended in September 2006, to allow for a 2-month period of data review and preliminary analysis in order to identify emerging themes, to identify empirical gaps and to allow discussion around the development of a common interview schedule. To date, 10 in-depth interviews have been conducted. A first survey of 363 young psychostimulant users across the three sites was completed in March-May 2006. Preliminary analysis was undertaken to identify key trends in the survey data. Agent-Based Modelling (ABM) is being used to develop conceptual models of the agents (ie, drugs, actors, institutions, places) and relationships operating in each site. The models have been progressively refined during the past six months, with regular input of ethnographic data. As understanding of the dynamics observed in Melbourne, Perth, and Sydney improves, commonalities and overlaps between the case studies have started to emerge. A team meeting was held in October 2006, in which key preliminary themes in the ethnographic and epidemiological data collection, and in the ABM, were presented and discussed.

A second phase of ethnographic data collection began in December 2006. This phase is being informed by the findings of the first survey and the data review period, and, in addition to more targeted fieldwork, will include the conduct of a further 60-80 in-depth interviews with research participants in the three sites. Analysis of the first-survey data is ongoing, and a revised instrument will be developed for a second survey, to be conducted in June-August 2007. This will be informed by analysis of the first survey and the findings of the second phase of ethnographic data collection. The ethnographic research will continue until April/May 2007 and the epidemiological research

until the conclusion of the second survey. Development of the ABM will continue throughout 2007, in order to further refine the conceptual models of, and across, the three sites. The research project is providing important data that will inform future interventions, improve multidisciplinary models for drug research, and build capacity to conduct cutting-edge public health research.

Due to ongoing and intense involvement in data collection, there are no publications arising to date. Two conference papers have been presented at national or international conferences; two more have been accepted for presentation in May 2007. One epidemiological paper is currently being prepared for publication. Two papers are in the early stages of preparation: one on trajectories of psychostimulant use, and one on ways of integrating multidisciplinary social research.

Indigenous National Alcohol Indicators Project (Indigenous NAIP): An expansion of the National Alcohol Indicators Project

Tanya Chikritzhs, Richard Pascal, Dennis Gray, Anna Stearne, Sherry Siggers and Paul Jones

In November 2002 the former National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Reference Group and the former National Expert Advisory Committee on Alcohol (NEACA) held a joint meeting to develop a series of key priority actions to address gaps in the evidence base supporting Indigenous alcohol harm reduction initiatives. One of the priorities identified was the need for indicators of alcohol related harms specific to Indigenous Australians in order to allow the timely and reliable measurement of the effectiveness of policies and interventions. This will better facilitate targeting of resources to areas of greatest need.

This project (Indigenous NAIP) was devised as an expansion of NAIP, a nationally co-ordinated project aimed at tracking and reporting on trends in alcohol related harm in Australia at national, state and local levels. A feasibility study was conducted to assess whether the NAIP methodology and data could be applied to report specifically on Indigenous populations and revealed that despite limitations on existing data, Indigenous NAIP was a viable and worthwhile endeavour.

The Indigenous NAIP brings together two NDRI research teams, one concerned with research on alcohol and drug issues among Indigenous Australians and the other with the analysis of national alcohol indicators. The project is supported by an Advisory Group including Associate Professor Ted Wilkes (Chair of the National Indigenous Drug and Alcohol Committee, NIDAC), Scott Wilson (Co-Deputy Chair of NIDAC) and Coralie Ober (Co-Deputy Chair of NIDAC).

Published in January 2007, Bulletin 11 (*Trends in alcohol-attributable deaths among Indigenous Australians, 1998-2004*) documents trends in alcohol-attributable deaths among Indigenous Australians between 1998-2004. It reveals that an estimated 1145 Indigenous Australians died from alcohol-attributable injury and disease in the first five years of this decade. Indigenous males were more likely to die from suicide and alcoholic liver cirrhosis, while females were more likely to die from alcoholic liver cirrhosis and haemorrhagic stroke. The average age of death from an alcohol-attributable cause was about 35 years. Rates were presented according to regional

boundaries designated by (former) ATSC zones, as opposed to only state and territory jurisdictions – the former being of greater relevance to Indigenous communities than the latter.

The NAIP has produced another 10 Bulletins and a major report examining a range of alcohol-related issues including: alcohol-related harms (Bulletins 1-2,5 and report); patterns of consumption (Bulletins 3-4 and report); consumption and harms among young people (Bulletins 6-7); and, consumption and harms among older Australians (Bulletins 8-10). The latest Bulletin is the first to report on levels of harm specific to Indigenous Australians.

Copies of all NAIP Bulletins are available on the NDRI website (www.ndri.curtin.edu.au) and hard copies can be obtained on request.

Kalgoorlie Alcohol Action Project

Fredrik Welander, Andreia Schineanu and Richard Midford

The Kalgoorlie Alcohol Action Project (KAAP) is a 3½ year, whole-of-community, evidence driven initiative that aims to reduce the high rate of alcohol related harm in the Kalgoorlie-Boulder community. The project, which was initiated through a partnership between the Western Australian City of Kalgoorlie-Boulder and NDRI, is based on the idea that most alcohol related harms, such as road crashes and assaults, are caused by moderate drinkers who sometimes drink in a high-risk way.

During the latter part of 2006, NDRI project staff based in Kalgoorlie-Boulder completed a baseline survey, with some surprising results indicating that local women binge drink almost three times more than the State average and men twice as often as the State average. Overall, men drink more alcohol than women, but they tend to spread it over the entire week, while women mostly tend to binge drink at weekends. Alcohol related violence was identified as the main problem and was also the problem perceived to have worsened during the past 12 months. Overall, the knowledge of alcohol related harm and its impact on the community is very low and the most immediate task of the project is to run awareness campaigns at various levels in the community.

As a first step towards addressing some of the issues raised by this survey, an intervention was carried out before the Christmas holiday period to increase community knowledge about alcohol related harm. Under the banner of *take AIM, (take Alcohol In Moderation)*, 2000 party smart packs were distributed through liquor outlets and various workplaces in the community. The packs contained an information booklet specially developed for the project to provide information in an easygoing, non-judgmental way. The information focused on issues such as women and alcohol, men and alcohol, sex life, youth and alcohol, parental information, alcohol and the law, and party smart tips. Contents for the packs were donated from various local businesses such as VideoEzy, WaterCorporation, Health Department, RoadWise, Chicken Treat, Goldfields Women's Health Care Centre and Red Rooster. Concurrent with the distribution of the party smart pack, a radio advertisement campaign on Radio West/Hot FM addressed various topics such as the use of designated drivers, spacing alcoholic drinks, staying hydrated, and drink spiking. The Christmas campaign is currently being evaluated.

The second major intervention, currently in preparation, focuses on a younger audience. The main component will be a poster design competition aimed at high school students in years 8-12 with *take*

project notes

continued..

AIM again the theme. Entrants will have the choice of an Indigenous and non-Indigenous theme and then can choose one of five different topics. The aim of this campaign is to get students to discuss and reflect on issues related to alcohol use and to identify ways of dealing with alcohol related issues. The winners and runners up will receive prizes, as will the winning entrants' schools. The posters will be used for promotional purposes during the remainder of the project. The poster art campaign will be a collaborative effort with other community groups. As such, it has the additional aim of strengthening local networks.

The Tertiary Health Research Intervention Via Email (THRIVE)

Peter Howat, Alexandra McManus, Bruce Maycock, Kyp Kypri and Jonathan Hallett

Alcohol related problems associated with hazardous and harmful drinking pose the greatest drug related

risk to youth, including tertiary students. In addition tobacco use continues at significant levels for some groups. Accessing tertiary students for epidemiological and intervention research is difficult because of traditionally low response rates. Internet-based methods have been shown to produce high survey response rates in this population group, and can be used to deliver interventions that address risk-taking behaviours such as hazardous and harmful alcohol consumption and illicit drug use.

Funded by Healthway for three years (2006 – 2008), THRIVE is a project of the WA Centre for Health Promotion Research at Curtin University of Technology, in collaboration with the Centre for Behavioural Research in Cancer Control, and the University of Newcastle. The overall aim of the project is to develop and trial the use of the Internet for epidemiological and intervention research in relation to a program aimed at reducing hazardous and harmful drinking and tobacco use by university students. The target group consists of fulltime undergraduate students enrolled at Curtin.

The project is being conducted in three stages. Stage 1 involved formative research consisting of a series of focus groups to assess the students' perceptions of safe and unsafe drinking behaviours and their experience of alcohol use. Their views were also solicited on how to make an Internet intervention relevant to students. This stage was completed in 2006.

Stage 2 involved the modification of a valid internet-based survey instrument for the Australian tertiary environment, and an epidemiological survey of all relevant students. This was carried out at the beginning of the 2007 academic year.

Stage 3 consists of the development and implementation of an Internet-based intervention. The implementation of the intervention in a randomised control trial commenced in the first week of March 2007 and is scheduled to be completed by September 2007. An additional post-test survey will be carried out in October 2007.

abstracts

A micro-environmental intervention to reduce the harms associated with drug-related overdose: Evidence from the evaluation of Vancouver's safer injection facility

Thomas Kerr, Will Small, David Moore and Evan Wood

International Journal of Drug Policy, 2007, 18, (1), pp 37-45

Background: Conventional drug overdose prevention strategies have been criticised for failing to address the macro- and micro-environmental factors that shape drug injecting practices and compromise individual ability to reduce the risks associated with drug-related overdose. This in turn has led to calls for interventions that address overdose risks by modifying the drug-using environment, including the social dynamics within them. Safer injection facilities (SIFs) constitute one such intervention, although little is known about the impact of such facilities on factors that mediate risk for overdose.

Methods: Semi-structured qualitative interviews were conducted with 50 individuals recruited from a cohort of SIF users in Vancouver, the Scientific Evaluation Of Supervised Injecting (SEOSI). Audio recorded interviews elicited injection drug users' (IDU) accounts of overdoses as well as perspectives regarding the impact of SIF use on overdose risk and experiences of overdose. Interviews were transcribed verbatim and a thematic analysis was conducted.

Results: Fifty IDU, including 21 women, participated in this study. The perspectives of participants suggest that the Vancouver SIF plays an important role in mediating various risks associated with overdose. In particular, the SIF addresses many of the unique contextual risks associated with injection in public spaces, including the need to rush injections due to fear of arrest. Further, SIF use appears to enable overdose prevention by simultaneously offsetting

potential social risks associated with injecting alone and injecting in the presence of strangers. The immediate emergency response offered by nurses at the SIF was also valued highly, especially when injecting adulterated drugs and drugs of unknown purity and composition.

Conclusion: The perspectives of IDU participating in this study suggest that SIFs can address many of the micro-environmental factors that drive overdose risk and limit individual ability to employ overdose prevention practices. Although challenges related to coverage remain in many settings, SIFs may play a unique role in managing overdoses, particularly those occurring within street-based drug scenes.

Magazine alcohol advertising compliance with the Australian Alcoholic Beverages Advertising Code

Rob Donovan, Peter Howat, Kati Donovan and Narelle Weller

Drug and Alcohol Review, 2007, (26) pp 73-81

The study assessed the frequency and content of alcoholic beverage advertisements and sales promotions in magazines popular with adolescents and young people in Australia, and to assess the extent to which the ads complied with Australia's self-regulatory Alcoholic Beverages Advertising Code (ABAC). Alcohol advertisements and promotion were identified in a sample of 93 magazines popular with young people. The identified items were coded against 28 measures constructed to assess the content of the items against the five sections of the ABAC. Two thirds of the magazine contained at least one alcohol advertisement or promotion with a total of 142 unique items identified: 80 were brand advertisements and 62 were other types of promotional items (i.e., sales promotions, event sponsorships, cross promotions with other marketers and advertorials).

It was found that 52% of the items appeared to contravene at least one section of the ABAC. The two major apparent breaches related to section B - the items having a strong appeal to adolescents (34%) and to section C - promoting positive social, sexual and psychological expectancies of consumption (28%). It was also found that promotional items appeared to contravene the ABAC as often as did advertisements. It is concluded that the self-regulating system appears not to be working for the alcoholic beverages industry in Australia and that increased government surveillance and regulation should be considered, giving particular emphasis to the inclusion of promotional items other than brand advertising.

What is this thing called motivational interviewing?

Steve Allsop

Addiction, 2007, 102, pp 343-345

Motivational interviewing (MI) is a clinical approach that has been widely adopted and adapted for use with a diverse range of clients. Unfortunately, interpretation of the accumulated evidence is not helped by diverse descriptions of what MI is and is not. Determining the fidelity of MI has been difficult due to three main (related) factors: first, adoption of MI has advanced with a limited theoretical base; secondly, there has been a lag in the development of reliable and practical instruments and methods that allow assessment of training and supervision outcomes and application of the technique and spirit of MI; and thirdly, many research reports either fail to give sufficient detail to determine treatment fidelity and/or claim to use MI but fail to adhere to critical principles and techniques. In order to build and reliably interpret the evidence for MI, there is a need to have agreed definitions, to assess fidelity in application and to understand the processes by which MI is alleged to affect clinical outcomes. If we do not endeavour to explore these complex issues, there is the risk that this valuable clinical approach will be diluted to a folk science, or craft, adopted and adapted by the whims or persuasions of individual advocates.

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